In re Application of: Docket No. 03500.018152.

Koichi Sato, et al.

Appln. No.: 10/537,788 Examiner: Laura E. Martin

Filed: June 6, 2005 Group Art Unit: 2853

For: LIQUID-COMPOSITION SET, AND Confirmation No.: 6628

LIQUID-APPLYING METHOD AND

LIQUID-APPLYING APPARATUS

**EMPLOYING THE SET** 

September 16, 2010

## **Mail Stop Amendment**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith are (a) an Amendment and (b) a Terminal Disclaimer in the above-identified application.

X No additional claims fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                             |  |       |  |                         |                  |                   |
|---|--|-------|--|-------------------------|------------------|-------------------|
|   | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE             | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                               | 8  | MINUS | 20   | = 0                     | x \$26<br>\$52   | \$0.00            |
| INDEP.<br>CLAIMS                              | 1  | MINUS | 3  | = 0                     | x \$110<br>\$220 | \$0.00            |
| Fee for Multiple Dependent claims \$195/\$390 |  |       |  |                         |                  | \$0.00            |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT       |  |       |  |                         |                  | \$0.00            |

| Verified Statement claiming small entity sta | tus is enclosed, if not filed previously. |
|--|---|
| A check in the amount of \$                  | _ is enclosed.                            |

| X | Please charge the amount of \$\frac{140.00}{}\$ to Deposit Account 06-1205 to cover the Terminal Disclaimer Fee.  |  |  |  |  |
|---|---|--|--|--|--|
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |  |  |  |  |
|   | A check in the amount of \$ to cover the fee for a month extension is enclosed.   |  |  |  |  |
|   | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.  |  |  |  |  |
| X | Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.  |  |  |  |  |
|   | Respectfully submitted,   |  |  |  |  |
|   | /Daniel S. Glueck/ Daniel S. Glueck Attorney for Applicants Registration No. 37,838   |  |  |  |  |

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DSG/MLB:lcw

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